

URBAN DISTRICT COUNCIL OF BUDE/STRATTON



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year 1969

Health Area Office,
Launceston,
Cornwall.

WILLIAM PATERSON, M.B., Ch.B., D.P.H.
Medical Officer of Health



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URBAN DISTRICT COUNCIL OF BUDE/STRATTON

Members of Housing & Public Health Committee: 1969/70

S.LUCAS (Chairman) (Resigned May 1969)
E.H.CHADD, J.P.(Chairman) (From 26th June,1969)
T.J.McNAHON (Vice-Chairman)

H.Davey (From 20th May 1969)	B.A.Burrow
V.G.Elsworthy	M.R.Fleetwood
Miss M.M.Francis	J.E.Gardiner
D.J.Jackson (Resigned 13th Feb.1970)	A.A.Seymour
N.T.Keat (Resigned May 1969)	Mrs.C.R.Ward, J.P.
J.F.R.Sanderson	E.Worden
L.D.Wilkes	A.C.Brock
R.I.Willoughby (From 20th May 1969)	H.F.Craig Harvey
	V.Townend (From 20th May 1969)

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PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY :

MEDICAL OFFICER OF HEALTH

WILLIAM PATERSON, M.B., Ch.B.,D.P.H.

also holds appointments of :

Medical Officer of Health :
Stratton Rural District Council
Launceston Rural District Council
Camelford Rural District Council
Launceston Borough Council

Health Area Medical Officer,Area No. 6 Cornwall County Council

School Medical Officer, Cornwall County Council

SENIOR PUBLIC HEALTH INSPECTOR :

P.DURSTON, M.A.P.H.I.

SUMMARY OF VITAL STATISTICS

Area (in acres)	4,294
Population	5,330
No. of separate dwellings occupied	2,192
Rateable Value 1969	£224,442
Produce of ld. rate	£903.12.7d.

	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Rate per 1,000 estimated population</u>
<u>Live Births</u>				
Legitimate	63	34	29	12.6
Illegitimate	4	1	3	
<u>Stillbirths</u>	2	2	-	29 (Rate per 1,000 total births)
<u>Deaths (all causes)</u>	79	31	48	14.8

Deaths from Puerperal Causes :-

Puerperal and post-abortive sepsis	}	N I L
Other Puerperal Causes		

Infant Mortality (Deaths under 1 year per 1,000 live births)

1	1	-	15.
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	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths from Cancer (all ages)	5	8	13
Measles (all ages)	-	-	-
Whooping Cough (all ages)	-	-	-
Diarrhoea (under 2 years)	-	-	-

TO THE CHAIRMAN AND COUNCILLORS OF THE URBAN
DISTRICT COUNCIL OF BUDE/STRATTON.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1969.

The vital statistics show a decrease of 16 in the number of deaths, while live births increased by four. The adverse balance of deaths over births continued, but the Registrar-General's estimate of the mid-year population showed an increase to 5330. Heart disease, cancer and cerebro-vascular disease, in that order, headed the list of causes of death. Two stillbirths and one infant death were recorded during the year.

The incidence of notifiable infectious disease continued to be low.

In the environmental circumstances of the Urban District, the record is largely one of continued attention to routine duties and supervision, unobtrusive in character and essentially preventive in purpose.

I must express my thanks to Mr. Durston, the Council's Senior Public Health Inspector, for the valuable assistance he has given in all aspects of our work together, and in the preparation of this report, for which he has supplied the bulk of the information dealing with the sanitary circumstances of the District. The Council's other Departments have continued their willing co-operation. I am grateful to the General Practitioners of the District for their continued co-operation.

Once again, it is a pleasure to express my appreciation of the help and encouragement I have received from the Council, and, in particular, from the Chairman and members of the Public Health Committee.

I have the honour to be,

Your obedient Servant,

WILLIAM PATERSON

Medical Officer of Health

Natural and Social Conditions

Area (in acres) 4,294. The Urban District of Bude/Stratton is partly a health and seaside resort and partly agricultural in character. It is bounded on its western border by the Atlantic Ocean, the coast-line in this particular part of north Cornwall running almost due north and south.

Whilst the hinterland is undulating and hilly in character, contour heights seldom rise over 500 feet and this no doubt is in part the explanation for the exceedingly moderate rainfall figures (average annual rainfall for 20 years 33.74"), which in view of exposure to the prevailing south westerly winds, might be expected to be considerably higher.

Population - The Registrar General has estimated the population for the mid-year 1969 to be 5,330, an increase of 50 on the previous year. In 1969 there were 67 births and 79 deaths, 12 more deaths than births.

Deaths - The total number of deaths assigned to the District for the year was 79, compared with 95 in 1968. The crude death rate based on the mid-year population was 14.8, compared with 18 in 1968. The following table has been compiled for comparison with previous years.

<u>Year</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Recorded Rate</u>
1965	82	31	51	15.89
1966	107	55	52	20.57
1967	87	46	41	16.70
1968	95	53	42	18.0
1969	79	31	48	14.8

In order to compare the mortality in the District with the mortality for England and Wales, it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District an "Area Comparability Factor" which has been estimated by the Registrar General as 0.66 for this District.

The Standardised Death Rate, therefore, is 14.8 which may be compared with that of 11.9 (provisional) for England and Wales.

Births - The number of live births assigned to this District was 67 compared with 63 in 1968. The rate per thousand of the population is 12.6. When the Registrar General's Area Comparability Factor for births (1.25) is applied to this figure, the Standardised Birth Rate of 15.8 for this District compares with 16.3 (provisional) for England and Wales.

Stillbirths - There were two stillbirths during 1969.

Illegitimate Births - There were four illegitimate births assigned to the District during the year, compared with one in 1968. Shown as a proportion of the total number of live births, this represents 6 per cent.

Maternal Mortality - No maternal deaths were recorded during the year.

Infant Mortality - There was one infant death in 1969.

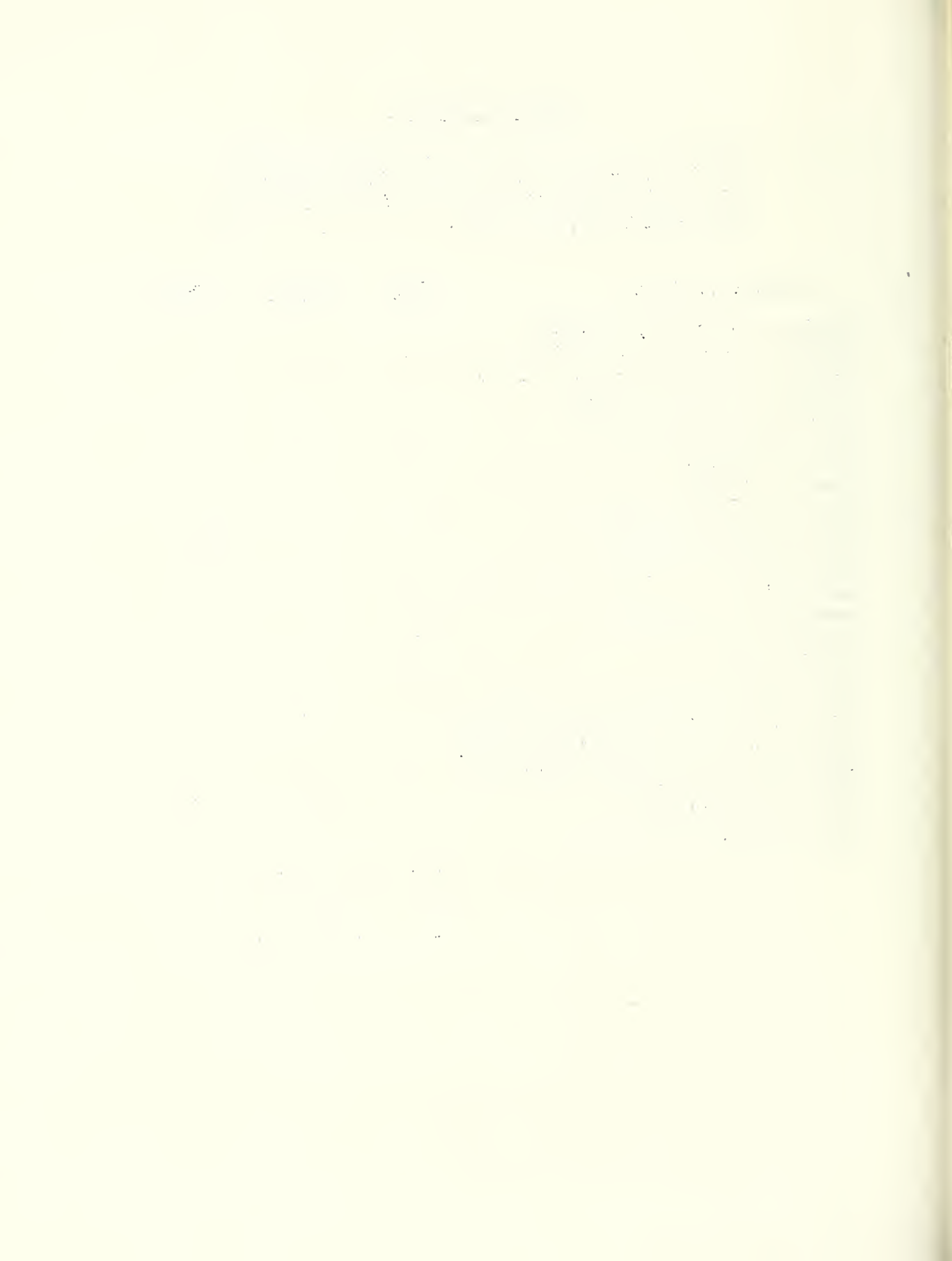
M 6 days Respiratory failure

N.B. Vital Statistics. It is important that too much weight should not be attached to small variations in these rates from one year to another, particularly where relatively small populations are involved - attention should rather be paid to the trend of these rates over a period of years.

MORTALITY TABLE

Classified in accordance with 65 headings based
on the Abbreviated List of the International
Statistical Classification of Diseases, Injuries
and Causes of Death, 1967.

<u>Causes of Death</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Malignant neoplasm, oesophagus	1	-	1
Malignant neoplasm, stomach	-	1	1
Malignant neoplasm, lung, bronchus	1	1	2
Malignant neoplasm, breast	-	2	2
Malignant neoplasm, uterus	-	2	2
Other malignant neoplasm	3	2	5
Mental disorders	-	1	1
Chronic rheumatic heart disease	-	2	2
Ischaemic heart disease	7	9	16
Other forms of heart disease	2	6	8
Cerebrovascular disease	2	9	11
Other diseases of circulatory system	3	2	5
Pneumonia	2	5	7
Bronchitis and emphysema	4	1	5
Asthma	1	-	1
Peptic ulcer	1	-	1
Cirrhosis of liver	1	-	1
Other diseases of digestive system	1	1	2
Diseases of skin, subcutaneous tissue	1	-	1
Birth injury, difficult labour, etc.	1	-	1
Symptoms and ill defined conditions	-	1	1
Motor vehicle accidents	-	1	1
All other accidents	-	1	1
All other external causes	-	1	1
	31	48	79



GENERAL PROVISION OF HEALTH SERVICES

General Medical Services

General medical services under Part IV of the National Health Service Act, 1946, are provided by medical practitioners resident in the district, and in adjoining districts, all of whom undertake maternity medical services.

County Council Services

- I Health Department. The County Council is the local health authority for the purposes of Part III of the National Health Service Act, 1946, and provides the following services in the district :-
 - (a) Midwifery and Home Nursing. Nurse-midwives are provided to attend general nursing and midwifery cases in the home.
 - (b) Health Visiting. Health Visitors are available to give advice on health matters in the home or at the clinic. Originally concerned with the care of mothers and young children, which is still their basic function, they are increasingly concerned with other age groups, particularly the aged. Some health visitors combine this work with general nursing and midwifery. All act also as school nurses.
 - (c) Child Welfare Centre. A Child Welfare Clinic is held monthly at the Castle, Bude.
 - (d) Dental Clinic. Priority dental treatment for expectant and nursing mothers and pre-school children is available at the Dental Clinic held at the Castle, Bude.
 - (e) Vaccination and Immunisation Facilities for vaccination against smallpox and immunisation against diphtheria, whooping cough and tetanus, and for poliomyelitis vaccination, are provided at the Child Welfare Clinic or by the supply of materials to the family doctor.
 - (f) Home Help Service. Home helps are employed to provide domestic help for households in certain circumstances, a charge being made for this service according to the means of the person concerned.
 - (g) Ambulance Service. A service of ambulances for the conveyance of sick, accident and emergency cases is provided. For sitting cases, utilecon sitting case vehicles are used. When appropriate, some such cases are carried by the Hospital Car Service, a voluntary organisation. Day-to-day administration of the service is carried out from Ambulance Control, Bodmin.



(h) Prevention of Illness, Care and After-care.

A full-time tuberculosis health visitor is provided for the care and after-care of tuberculous persons. District nurses are available to assist in the home treatment of such persons when required by the Chest Physician or family doctor. Routine tuberculin testing and, if necessary, B.C.G. vaccination (i.e. vaccination against tuberculosis) is provided for senior school children.

Certain special investigations are carried out in other types of illness by district health visitors, while health education is carried out by the County's medical and nursing staff.

- (i) Mental Health. The County Council has certain responsibilities in connection with the ascertainment of mental ill-health and mental deficiency, with the provision of statutory supervision, etc. for mental defectives living in the community, and with the provision of after-care following treatment for mental illness. The Mental Welfare Officer for the district works from the Health Area Office, Launceston.

II Education Department. As local Education Authority, the County Council is responsible for the School Health Service, which provides the following :-

Periodic Medical Inspection of pupils
Cleanliness Surveys of pupils
Dental Inspection and treatment of pupils
Ascertainment of handicapped pupils in need of special education
Treatment Clinic at the Castle, Bude:
Dental Clinics each Tuesday, Wednesday and Friday.
Child Guidance, by arrangement.

- III Welfare Department. This service is concerned with the welfare of the aged, and with that of various categories of handicapped persons. It is concerned also with the provision of temporary accommodation in certain circumstances for persons in urgent need thereof. The Welfare Officer for the District works from the Health Area Office, Launceston.

Hospital Services.

The South Western Regional Hospital Board is the hospital authority for the area.



Stratton Cottage Hospital provides in-patient and out-patient facilities in the district. Patients are referred also to hospitals in Plymouth and elsewhere. Cases of infectious disease are admitted to the Scott Hospital, Plymouth, and tuberculosis patients to Didworthy Hospital or Tehidy Chest Hospital. Mental hospital accommodation is provided by St. Lawrence's Hospital and Laninval House, Bodmin and Moorfields Hospital, Ivybridge, Devon.

An Orthopaedic Clinic is held weekly at Stratton Hospital, Bude, and a Physiotherapy Clinic at Dawfield Hospital, Holsworthy. The Chest Clinic is held at Stratton Hospital. An Ophthalmic Clinic for school and pre-school children is held periodically at the Castle, Bude. A Specialist Ante-Natal Clinic is held in Launceston each week.

Laboratory Facilities.

These are provided by the Public Health Laboratories at Exeter and Plymouth, to which specimens for bacteriological examination are submitted.



SANITARY CIRCUMSTANCES OF THE DISTRICT

WATER SUPPLIES. The District Water Undertaking is not under the control of the North Devon Water Board.

During the year, the Board completed the laying of a new 6" main from Stibb Cross, in the Rural District, to Inch's Shop, Poughill, in the Urban District. This main now enhances the supply to the higher levels of the District, and has solved many of the problems previously associated with these parts of the District, particularly since it enters the District at its highest point. Approximately twelve properties, including farms, on the outskirts of the Urban District now have a supply of main water for the first time.

The Board has continued the practice of stabilising the pressures in the low-lying parts of the District by the use of a pressure reducing valve at Hillhead, near the storage reservoir. This practice has obviated large fluctuations of pressure in the town of Bude, with a consequent reduction in wastage from ball-valves and similar fittings.

In general the District has experienced no major difficulties from shortage of supply, despite a drier than average summer. The supplementary supply coming into the District via the new Inch's Shop main has undoubtedly assisted in this connection.

Routine sampling for bacteriological examination is carried out by Officers of the North Devon Water Board, with occasional check samples by the Council's Public Health Inspector. The degree of purity of the water has remained, for the most part, of a high standard throughout the year. Those unsatisfactory reports which have been received have been dealt with promptly by the Board. They do, however, serve as an indication of the erratic character of the present method of chlorination, a point which has been made in previous reports. It is understood that the North Devon Water Board have this point very much in mind, and that it is intended to instal up-to-date chlorination plant at an early date. A summary of bacteriological reports is given below.

Summary of bacteriological reports.

Tap water samples placed in Grade (Filtered and chlorinated)

<u>Class 1</u>	<u>Class 2</u>	<u>Class 3</u>	<u>Class 4</u>
72	8	2	9



SEWERAGE AND SEWAGE DISPOSAL

The scheme for the improvement of the sewerage of Bude, and the construction of the new submarine pipe-line and sea outfall at Crooklets has, regrettably, made little progress in tangible form. The existing facilities are being subjected to increasing pressure due to continuing residential development within the District, a position which is further aggravated by the fact that the sewage of Stratton now discharges into the Bude System. However, as a preliminary, certain minor schemes are being planned for the separation of surface and storm water from existing combined sewers, by the laying of separate new storm water sewers. One such scheme in the King Street area of Bude has been completed, and an extension of such works to other areas will bring considerable alleviation of the present position, although it has not been possible to undertake any such extension during the year under review.

Initially, in instructing the consulting engineers to prepare a scheme for the proposed new submarine pipe-line and sea outfall at some 6,000 feet off-shore, the Council was advised that this would involve considerably less expenditure than an inland treatment works. It now appears, with the passage of time, that the increased cost of such a scheme would make the difference between its total cost and that of a treatment works minimal. For this reason, and also, it is understood, because of considerable difficulties which appear to have been experienced in the implementation of a similar scheme for which the Council's consulting engineers are responsible, within the District of another Local Authority, the Council met the consulting engineers in November to discuss the advisability of proceeding with the scheme as proposed, with the result that instructions have now been issued for the preparation of a scheme of disposal embracing treatment works, the effluent from which would be discharged direct via a sea outfall at a point to be decided. It is understood that if the cost of this scheme compares favourably with that for a submarine pipe-line, the Council will undoubtedly favour the treatment works.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

The new Rodent Operator, who took over from the previous Operator on his retirement, has given very satisfactory service, and the District continues to enjoy considerable freedom from infestation.

During the year the new Operator conducted a test baiting of the sewerage systems, with particular emphasis on the sewers of the new estates which have developed in recent years. Very little infestation was found.

In addition to the treatment of the sewerage systems, all other Council properties have received surveys, and treatments where necessary, as have private and business premises.

- 11 -

MOVEABLE DWELLINGS

Caravan Sites and Control of Development Act, 1960.

There are at present in the District the following licensed sites :-

- (a) A small holiday site for 4 caravans, and for tented accommodation at Bush.
- (b) A holiday site for 30 caravans and 75 tents at Lynstone Farm
- (c) A residential site for 15 caravans at Maer Farm,
- (d) A holiday site for 185 caravans, and for tented accommodation at Grenville Gate.

Of these sites, all but the first are provided with flush sanitation and main water supply. As the first is very small, and in a comparatively isolated area, the existing chemical closets were considered sufficient. All of the other sites now comply with the Ministry's Model Standards.

Taking the season as a whole the weather was very suitable for camping, and indeed for all holiday makers. In a year when other parts of the country were far less fortunate, the South Western peninsula enjoyed settled weather with prolonged periods of sunshine, and August in particular was an unusually dry and sunny month. As a consequence camping sites were filled to capacity, and there was a marked increase in tented camping.

Speaking generally, the operators of licensed sites continue to exhibit great keenness to maintain high standards, both in the provision of facilities, and in the general standard of cleanliness and hygiene.

Collection of refuse is carried out on site by the site operators, much of the combustible refuse being burnt immediately. The remainder of the refuse is collected by the Council's refuse lorry at times of collection normal to the respective sites. An exception occurs at site (d), where the operator conveys his refuse, collected in paper sacks, to the refuse tip in his own vehicles.

During the season there was an increase in the amount of casual camping, but this was largely spasmodic, and no serious nuisances occurred.

PUBLIC CLEANSING

The Cornwall County Council control most of the roads in the District, but the work of street cleansing is carried out mainly by the staff of the Urban District Council.

The method of disposal of the refuse continues to be by tipping at the Tiscott Wood site. This tip is now filling up at a considerable rate during the summer months particularly, and although it has ample capacity for about another five years, if another layer is tipped above the existing tipping level, the difficulty and expense of obtaining suitable covering material is presenting an increasing problem. Added to this is an intermittent but considerable nuisance from fly breeding, despite continuous treatment by spraying with insecticides. As a consequence the Council has considered the advisability of converting to disposal by incineration, but no active steps in this direction have been taken to date.

Some difficulties have arisen, due to the implementation of the recommendations contained in the Organisation and Methods Study. This has restricted the number of personnel available for various duties in all departments, and has decreased considerably the manoeuvrability necessary for staff adjustments in the event of sickness or leave, since total staff under the recommendations covers only normal working. However, with the goodwill and co-operation of other departments, these difficulties have been, up to a point, offset.

In April of the year under review the Council acquired a new Dennis "Paxit" Series IIC refuse collection vehicle, of 24 cubic yards capacity, with intermittent compression loading. The slightly larger overall dimensions of the vehicle have necessitated some slight adjustments to the collection rounds, where the reduced manoeuvrability was a handicap, but householders have co-operated and a satisfactory compromise has been reached. On the credit side, the increased capacity of the vehicle, and its more efficient compression have reduced the journeys to the tipping area, on the average by one trip a day.

NATIONAL ASSISTANCE ACTS, 1948 and 1951

Section 47 of the National Assistance Act, 1948, deals with the removal to suitable premises of persons in need of care and attention. It places on the Council the duty of securing the necessary care and attention for persons who :

- (a) are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions, and
- (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

The action is taken on the certificate of the medical officer of health, and involves the making of an order, by a court of summary jurisdiction, for the removal of the person concerned to a suitable hospital or other place. The order is effective for up to three months and is renewable by the court for similar periods. It applies mainly to aged persons living in insanitary surroundings to whom the other conditions of the section apply, and is taken, as a rule, only after the failure of all efforts to persuade the individual to enter voluntarily some institution where the necessary care and attention are available.

The National Assistance (Amendment) Act, 1951, modified the procedure to allow of the removal of such persons in conditions of urgency on the order of a single magistrate after the submission of certificates by the Medical Officer of Health and one other medical practitioner, for a maximum period of three weeks. This period may be extended, if necessary, by the action laid down by Section 47 of the main Act.

During the year, it became necessary to take action, as a matter of urgency, under the procedure of the Act of 1951. The person concerned was an old lady, aged 90 years, living alone, who had already been the subject of a report to the Council towards the end of 1968, with a view to possible action under Section 47 of the 1948 Act. At that time, however, the person was a patient in hospital following a fire at her property, and this action was not possible. Following her discharge from hospital, her condition, and the sanitary state of her living accommodation, deteriorated to such an extent that emergency action had to be taken, and she was removed to a geriatric hospital.

No action was taken to extend the emergency order after the lapse of the three-week period, as relatives made arrangements for the old lady's transfer to a private nursing home outside of the County, where suitable care and attention were available.

NATIONAL ASSISTANCE ACT, 1948, Section 50

Sub-section (1) of this section lays on the Council the duty of causing to be buried or cremated the body of any person who has died or been found dead in their area, when it appears to the authority that no suitable arrangements for the disposal of the body have been made or are being made otherwise than by the authority.

During the year, no action was necessary under this section.

HOUSING

It is disappointing to have to report that the Council's housing programme has made no practical progress during the year. The number of applications submitted when any existing accommodation becomes available for letting indicates that there is still a considerable demand for this type of accommodation. In an area where the average weekly wage is very low, the Council are faced with the problem of providing accommodation of a type which is within the means of those who need it. Discussions have taken place on the advisability of adjusting the rents of existing properties, which are relatively low, to bolster the rents of any new houses which may be built. The Council has the approval of the Ministry to the building of a further 40 houses as an extension of the Berries Avenue development, and it is to be hoped that it will be possible to make an early start on these.

The slum problem is not a serious one numerically in the District, most unfit properties being dealt with individually when existing Council accommodation becomes available for re-housing the tenants. During the past few years, the position has also been eased by the improvement of many of the older houses either privately, or by means of standard grants, and undoubtedly the rate of improvement would increase if the Council were to consider applications for discretionary grants. The situation would be further helped if the Council were to provide a limited number of houses for rehousing tenants in unfit properties.

In programming the future housing requirements of the District, the Council has very much in mind, not only the requirements of the local inhabitants, but also the possible demands of personnel brought into the District with the development of light industry, a development which appears to be imminent, and has, in fact, already started to a limited degree.

Regrettably also, the amount of private development for owner occupation has shown a decline. This is, in part, due to the fact that existing estates are nearing complete development, and that building of private houses has occurred largely as in-filling within existing residential areas. The Council has in mind the provision of more land for private residential development, as an extension to the Hawthorne Avenue/Manor Road private development, but the negotiations for the land are protracted. It is to be hoped that this land will be acquired shortly, as it will provide a further 21 acres of attractive residential sites.

Comparative table of private housing development.

	<u>1969</u>	<u>1968</u>	<u>1967</u>	<u>1966</u>
Houses completed during the year	46	60	59	47
Houses being erected at end of year	30	35	31	37

INSPECTION AND SUPERVISION OF FOOD

Food Premises and Clean Food

The number and types of premises in the District are :-

Grocers	...	...	...	...	...	12
Restaurants and hotel kitchens...	...	...	...	...	...	45
Bakers and confectioners...	...	...	...	...	...	5
Butchers	...	...	...	...	...	5
Dairies	...	...	...	...	...	5
Ice-cream dealers	...	...	...	...	...	25
Boarding houses	...	...	...	...	...	55
Greengrocers	...	...	...	...	...	10
School canteens	...	...	...	...	...	3

No. of inspections of registered food premises112

No. of inspections of other food premises181

Food Hygiene Regulations

In a District where the most important industry, at the moment, is the holiday industry, the seasonal character of the demands upon the catering industry is its greatest problem. Largely almost at a standstill during the winter months, in the holiday season it is subjected to considerable pressures, which tend to build up as the season progresses. These pressures, together with the largely transient staffs which are available, create problems which, though not unique, are certainly not felt to any comparable extent in the centres of large population. Education in hygienic methods of food handling in lecture form, which could only take place in the off-season, has by then lost much of its interest for personnel who have found other employment, and perhaps may not return to the catering trade. In addition much imported labour is employed, and is likely to have left the District during the close season; this is particularly true of key personnel.

However, the Department does feel that prevention is better than cure, and inspections and advisory visits are an important part of the work of the year. Such visits have indicated that the larger the establishment the more vigilance is needed. This is, no doubt, in part explained by the relative remoteness of management staffs in such establishments. In spite of these difficulties, in general, good standards are maintained, and in other cases informal comment and advice have been generally acceptable to management staffs: no formal action has been necessary.

Milk

Brucella Abortus.

By an arrangement with the County Medical Officer, samples of raw milk from producer-retailers in the area are taken by the County Public Health Inspector, and submitted to the Public Health Laboratory, Truro, for examination. Bulk samples are first subjected to the Milk Ring Test, and, if positive, samples from the individual cows in the herd are submitted for culture for brucella abortus.

The results given below refer only to samples from individual cows submitted for culture.

- | | |
|--|-----|
| (i) Number of samples of raw milk examined | 26 |
| (ii) Number of positive samples found | Nil |

Meat Inspection

The Meat Inspection Regulations, 1963, came into force on 1st October, 1963. These Regulations impose upon local authorities the duty of inspecting all meat slaughtered within their areas, previous legislation having been permissive in this respect. They also empower local authorities to charge the operators of slaughterhouses for inspection, in accordance with a limiting scale. Under the Regulations, inspectors are required, as far as possible, to be present at the time of slaughter, and to mark all meat passed as fit for human consumption with an identifying stamp. Inspectors are also required to carry out the inspection in accordance with a detailed schedule of examination, this having previously been left to the discretion and experience of the inspector.

The management staff of the sole private slaughter-house in the District have maintained, with few exceptions which have been dealt with promptly, the standards required by the Slaughterhouse (Hygiene) Regulations, the Meat Inspection Regulations, the Food Hygiene (General) Regulations and the Slaughter of Animals (Prevention of Cruelty) Regulations.

In the work of securing compliance with these various Regulations, the Public Health Inspector has been assisted, as in previous years, by the inspection and advisory visits of the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food.

Meat inspection arrangements continue as for the previous year; that is to say between 70 and 80% of the work is carried out by Local Veterinary Officers in private practice, and the remainder by the Council's Public Health Inspector. This arrangement has proved adequate and satisfactory.

It would seem, however, that if proposals for extending the slaughter-house to comply with the export requirements materialise, this system of inspection could well break down. Export inspection, under the export Regulations, would of necessity be carried out by the Veterinary Officers. Having extended the premises considerably, the Company would doubtless wish to utilise the facilities thus provided to the full extent. Elementary economics would demand that, when little or no export slaughtering was taking place, the facilities should be used as fully as possible for the home market, which would seem to indicate a big increase in this side of the business. It is extremely doubtful whether the present staff engaged on meat inspection would be sufficient, even if the Veterinary Officers were willing to accept the additional burden. This is a situation which the Council should have very much in mind.

The overall picture regarding laboratory reports on samples taken during the season was not quite up to the standard of the previous year, but the latter was the best year ever, and since sampling was concentrated on the loose type of the commodity, the results remain quite satisfactory.

Summary of results of samples - 1969

Provisional methylene blue test

Results in grade	one	-	80.0%
	two	-	15.0%
	three	-	2.5%
	four	-	2.5%

FACTORIES ACT, 1961

Classified list of factories as at 31st December, 1969.

<u>Nature of employment</u>	<u>Power</u>	<u>Non-power</u>
1. Food manufacture	3	-
2. Wearing apparel		
(a) Boots and shoes	3	-
(b) Outfitting	1	-
3. Carpentry, Joinery and saw mills	6	-
4. Garages repair shops and engineers	13	-
5. Laundries	-	-
6. Gas works	1	-
7. Monumental masons	-	1
8. Plumbers	-	2
9. Dairies	-	-
10. Photography	3	-
11. Printing works	2	-
12. Electrical engineers	2	1
13. Cabinet makers and upholsterers	-	2

Prescribed Particulars of the Factories Act, 1961, are attached as an appendix to this report in accordance with Circular 1/60 of the Ministry of Health.

Summary of Public Health Inspector's inspections, etc.

This is shown in Table IV, page 23

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

The infectious diseases which are statutorily notifiable to the Medical Officer of Health are the following :- Cholera, plague, relapsing fever, typhus, smallpox, acute encephalitis, acute meningitis, acute poliomyelitis, anthrax, amoebic dysentery, bacillary dysentery, diphtheria, infective jaundice, leprosy, leptospirosis, malaria, measles, ophthalmia neonatorum, paratyphoid fever, typhoid fever, scarlet fever, tetanus, tuberculosis, whooping cough, yellow fever and food poisoning.

The monthly incidence of infectious disease is shown in Table III.

Smallpox. No case was notified during the year, in the course of which 186 vaccinations and 69 re-vaccinations were carried out in the whole of the County Council's Health Area No. 6. It is not now possible to give these figures for individual county districts, owing to a new method of notifying such vaccinations. This applies also to the figures for vaccination against diphtheria, whooping cough and tetanus, poliomyelitis and measles, given below.

Diphtheria. No case of diphtheria was notified during the year. 347 children in the Health Area received a complete course of immunisation during the year, the triple antigen against diphtheria, whooping cough and tetanus being used in all cases. 679 children received reinforcing injections, the diphtheria-tetanus vaccine being used in these cases.

Poliomyelitis. No case of this infection was notified during the year, in the course of which 397 persons in the Health Area received a complete course of oral vaccination, and a further 649 a reinforcing dose.

Whooping Cough. Three cases of whooping cough were notified in January.

Measles. Ten cases of this infection were notified during the year, the majority of these occurring in the summer months, three of these being summer visitors.

Vaccination against this disease was continued during the year, but a shortage of vaccine restricted the number of susceptible children who could be vaccinated. 378 children between the ages of four and eleven years were vaccinated in the whole of the Health Area during the year.

Food Poisoning. No cases were notified during 1969.

Tuberculosis

	<u>Males</u>		<u>Females</u>	
	<u>Pul.</u>	<u>Non-Pul.</u>	<u>Pul.</u>	<u>Non-Pul.</u>
Cases on Register				
31.12.68	7	3	3	-
No. of cases notified				
during the year	-	-	-	-
Cases restored	-	-	-	-
Inward Transfers	-	-	-	-
Cases removed	-	1	1	-
<hr/>				
Total on Register	7	2	2	-
31.12.69	<hr/>		<hr/>	

B.C.G. Vaccination continues to be offered to all susceptible contacts of known cases, most of whom avail themselves of this protection.

The scheme for B.C.G. Vaccination of susceptible senior school children was continued by the County Council during the year, again with a good response.

OTHER DISEASES

Cancer of the Lung. During 1969, there were five male and eight female deaths from all forms of cancer. One male and one female death were due to cancer of the lung. The total of deaths from this cause since 1949 is 37 male and 12 female deaths. During the same period, there have been 131 male and 143 female deaths from all forms of cancer.

Cancer of the Cervix. The County Council's Cervical Cytology Clinic at Launceston continued to operate during the year.

Women between the ages of 30 and 55 are accepted for this form of examination. The clinic at Launceston serves the whole of the Health Area, and beyond. During the year, 392 specimens were submitted to the laboratory. No cases of the pre-cancerous stage of the disease, nor of established cancer of the cervix, were discovered, but a number of minor conditions were identified. As a copy of the laboratory report is sent to the patient's general practitioner, he is made aware of these findings, and can arrange treatment, if required.

The Cervical Cytology Clinic at Stratton Hospital continued to operate during the year. This is independent of the County Council's arrangements, and the figures above refer only to the County Council's clinic.

TABLE IV

Summary of Public Health Inspector's Inspections

Description	Number of visits	Number of defects found	Number remedied
Drainage	19	8	8
Keeping of animals	64	15	15
Swill boiling	14	2	2
Public conveniences	100		
Refuse disposal	108		
Rodent and pest control	72	18	18
Infectious diseases	10		
Petroleum Acts	12	4	4
Housing inspections	31	15	15
Local Authority housing inspections	248	20	20
Improvement Grants	134		
Camp sites	101	6	6
Factories	14	2	2
Offices Shops and Railway Premises Act	40	8	8
Meat inspection	208		
Foodshops	122	18	18
Bakehouses	8	2	2
Food Preparation premises	73	15	15
Complaints	28	18	18
Ice-cream - sampling	80		
Ice-cream advisory, etc.	10		
Water supplies - sampling	2		
Water supplies - inspection	18		

Total visits of all kinds made by the
Public Health Inspector during the year 1517

APPENDIX

FACTORIES ACT, 1961

Prescribed Particulars on the Administration of the
Factories Act, 1961.

Part 1 of the Act

1 - INSPECTIONS for purposes of Provisions as to health
(including inspections made by Public Health Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	6	3	-	-
(ii) Factories not inclu- ded in (i) in which Section 7 is enforced by the Local Authority	33	9	-	-
iii) Other premises in which Section 7 is enforced by the Local Authority (exclu- ding out-workers' Premises)	1	-	-	-
Total	40	12	-	-

2 - Cases in which DEFECTS were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Defect of cleanliness (Section 1)	1	1	-	-	-
Overcrowding (Section 2)	-	-	-	-	-
Unreasonable temperature (Section 3)	-	-	-	-	-
Inadequate Ventilation (Section 4)	-	-	-	-	-
Ineffective drainage of floors (Section 6)	-	-	-	-	-
Sanitary Conveniences (Section 7)	-	-	-	-	-
Insufficient	-	-	-	-	-
Unsuitable or defective	1	1	-	-	-
Not separate for sexes	-	-	-	-	-
Offences against the (not including offences relating to work)	-	-	-	-	-
Total	2	2	-	-	-

Part VIII of the Act

Outwork

(Sections 133 and 134)

N I L

